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ORIGINAL ARTICLES.

Fissure of the Rectum.

By J. T. AXTELL, M.D., Newton.

Read before the Kansas State Medical Society, at Atchison, May 4, 1894.

I use the term "fissure of the rectum" instead of "fissure of the anus," because I believe these fissures extend up into the rectum, and because I mean to include in the term those irritable ulcers situated in the lower part of the rectum, always in the grasp of the sphincter muscles, and having a common cause with fissure and requiring almost or quite the same treatment.

There is at least one good authority, however (Mathews), who claims that we cannot have a fissure of the rectum, but uses the term fissure of anus.

These fissures must be within the grasp of the sphincter muscles to be so painful, and I believe that that portion of the bowel included within the sphincters is properly called rectum. They do, however, extend down into the anus to the integument, where they may usually be seen by an external inspection if a little care is used in separating the parts. A small external hemorrhoid or oval tag of skin usually points to its location, which is oftenest on the posterior side. These tags of skin are probably caused by the fissure. The fissure itself, if recent, may seem very slight—a simple crack or chap in the mucous membrane—or, if old, it is indurated at its base with thick, hard walls, and often ending in a broad, flat ulcer at its upper surface.

There is no doubt that these fissures are often overlooked, and it is not altogether the fault of the physician that this is so, for patients seem to dread to say anything to a physician, or, indeed, to anyone, about a disease of the rectum. They will suffer more pain in this region before they will mention it than any other part of the body. And the same thing is true of an examination. You may examine the vagina and uterus, but just suggest a rectal examination and you are often met by a prompt refusal.

When a patient does come to you for rectal trouble he usually, in his own opinion, has "piles." From pruritis ani to cancer of the rectum, it is all "piles." Yet the symptoms of this little disease are so pronounced and so plain that you may be almost sure of your diagnosis, even before an examination is made. You must, however, direct your questions to this disease, as the patient is very likely not to speak of it. The most important symptom is *pain*, and this pain may not begin immediately after defecation, but may come on half an hour or an hour afterward, and may last for from one to twelve hours. It is usually sharp or cutting in character, and may be excruciating. It is usually so severe the patient dreads to have an operation, and putting it off from time to time becomes constipated, which in turn aggravates the disease.

He is also likely to become very nervous and often despondent, and there are many reflex phenomena resulting from it, notably irritation of the bladder.

Fissure is most common in women and some suppose this to be due to the finer skin, although I have found many cases the result of injury in childbirth.

The passage of hardened fæces is an undoubted cause, and women are known to be more constipated than men. In other portions of the body a thin, fine skin is not

more liable to fissure than a hard, thick skin, though it may be more easily abraded. It is supposed that scratching may cause the disease, but we all know that fissure may cause an irritation which leads to scratching.

Children are subject to the disease, and I have found them very easily cured, and believe many cases among them are cured spontaneously. After an ocular inspection of the external parts you will find on introducing the finger it is grasped by the sphincter muscles, and an examination is much more painful than ordinary. You may succeed in introducing the finger by avoiding the side of the rectum on which the fissure is located, but if very painful it is best to defer the examination until chloroform is given, as your diagnosis is, or should be, made now, and when you have found enough to justify an operation it is useless to continue a painful examination, as anything else can be found while the patient is under the anæsthetic.

Most cases of fissure in children can be cured by simply introducing the finger carefully a few times without an anæsthetic, and using an ointment of iodoform and vaseline.

If your patient will not submit to an anæsthetic and a few days' rest, the fissure may be treated by painting with carbolic acid or nitrate of silver, ten to fifteen grains to the ounce, or by iodoform powder or ointment.

They will sometimes be cured by these means, but it is slow and uncertain, and we have a "more excellent way" which seems to leave nothing to be desired.

A laxative should be given and the bowels freely moved before operating if the patient will consent to it, though, if he dreads the movement of the bowels too much, you may unload the rectum under the anæsthetic.

He must be very thoroughly anæsthetized for this operation.

No instruments are needed for dilating the sphincter, although you may begin by using a bivalve speculum if you wish.

The thumbs are placed back to back and gradual dilatation practiced until the muscles are felt to slowly relax, when three fingers of each hand may be used in place of the thumbs.

The hands should be moved about the anus, that the pressure shall be in all directions. The object is not to break the muscle, but to stretch it. The great difference between the sphincter muscles of a woman and of a man must be remembered, as a woman's muscles are very much weaker and permanent injury could be inflicted if they were too forcibly stretched.

You should stop as soon as the muscles feel soft and have lost the hard resistant feel and the mucous membrane begins to show at anus.

The base of fissure may then be scarrified or a few fibres of the muscle cut, or it may be touched with pure carbolic acid, or with nitrate of silver about fifteen grains to the ounce. In recent or slight cases no treatment is needed but the dilatation, though when there is much ulceration or induration it is best to use the silver or carbolic acid. Breaks in the mucous membrane which you have made may be rubbed with dry iodoform powder. No other dressing is needed.

The patient should be kept in bed for about three days and the bowels kept soft for several weeks. Injections of water should be used daily for some time.

When a patient comes to you from a distance and wants a quick, sure cure, the dilatation of the sphincter will be the most satisfactory method. I will quote from my private hospital records a few cases for illustration:

Mrs. W.; aged 20; married; one child, aged 4 weeks. Began to have pains after the bowels moved when the child was one week old, and is growing steadily worse. Bowels are constipated and a fissure is found. Rectum dilated and ulcer rubbed with dry iodoform powder. Thirty-six hours after the operation patient took the train and returned to her home. She has had no return of the trouble.

Miss O.; aged 22; single; much constipated, and for several months extremely nervous and despondent. Was teaching in city schools, but had to give up her position. Supposed to have female trouble, but a fis-

sure of rectum was found instead, and after treatment by dilatation and nitrate of silver the nervousness and depression disappeared, she regained her flesh, was able to stand on her feet, and resume her duties as teacher. Remained in bed three days.

Mrs. J.; aged 40; married; five children. Suffering, as she said, from "piles." They had troubled her for several years until she was perfectly miserable; was very nervous and much emaciated. Examination showed no hemorrhoids, but a large fissure on the posterior part of rectum. One thorough dilatation made a perfect cure.

Mrs. ——; aged 20; married; one child, 3 months old. Thought she had some womb trouble, as she had been miserable ever since her child was born. The uterus was found to be normal, but a small anterior fissure, with its accompanying external hemorrhoid, was plain to be seen. The sphincter was dilated and fissure treated with a solution of nitrate of silver, fifteen grains to the ounce, at the time of operation, and every third day for ten days, when she was sent to her home in Texas with no more trouble.

Mrs. ——; aged 22; married; one child, 3 weeks old. History of a severe labor, and on the fourth day a large, hard passage of the bowels, which the patient said almost killed her. Her physician was called, who finally quieted her pain by large hypodermic injections of morphine. After this her pain was so intense on each passage of the bowels that the same thing had to be repeated. Her pain was described as beginning during the passage and growing worse for an hour, and lasting about twelve hours unless she was completely under the influence of morphine. A small posterior fissure was found; sphincter dilated, and some fibres of the muscle cut in bottom of fissure. She was given teaspoonful doses of compound licorice powder, and the next day had a free passage with no pain, for the first time in three weeks. The licorice powder was continued, and at the end of a week patient was sent home apparently cured, but returned in three weeks, saying there was some return of the trouble. The muscle was dilated again and wound painted with nitrate of silver solution, and there has been no further return. This is the only case I have had to dilate the second time.

Mrs. ——; aged 35; married; has four children; is much constipated, and supposed to have piles, as there is considerable pain after a stool (which you and I know is not a symptom of piles). An old fissure with dense walls was found. The muscle was dilated slightly, and fibres in bottom of fissure pretty freely cut and cauterized with pure nitrate of silver. Patient was sent home the next day and had no return of the trouble.

These cases could be multiplied, but they are so much alike it is unnecessary to do so. The diagnosis is easy, if you are looking for the disease; the treatment is satisfactory to yourself, and eminently so to your patient.

The Action of Hydronapthol in Phthisis Pulmonalis.

By CARL B. SMITH, M.D., Binghampton, N. Y.

All nature follows a given law, cause and effect. A person exposed to disease germs under depressing conditions will in nine cases out of ten contract that disease.

In medicine, under the same rule, you combat the cause, nature rallies, and you effect the cure.

From the earliest time pathologists have found tubercles in the lung tissue of phthisical patients, but it was not until the discovery of Koch that the cause of them was found.

Dr. Glover gives the analysis of 200 grains of tuberculous matter in the crude state, as 6.75 parts of fat, 7.50 of extractive matter soluble in alcohol and water with loss, 4.45 of chlorides, 0.58 of earthy salts (phosphates), 0.50 of alkaline salts, 27.72 of protein residue, and 162.50 of water.

Following out pathological research we have an irritant in the shape of the tubercular bacilli which causes these different ingredients to exude from the blood and from

the action of the lungs to take the shape we find them.

Thus we find the largest tubercles where there is least resistance, and the smallest where the resistance is greatest.

These tubercles forming all the time from the action of the bacilli, before long act as an irritant themselves and cause suppuration and a breaking down of the lung tissue, and a cavity is formed.

Another cause we have to contend with, is the product of the bacilli, viz.: Tuberculine, which produces a train of symptoms similar to ptomaine and leucomaine, the alkaloids from vegetable and albuminoid parasites.

Such being the cause and effect in phthisis pulmonalis, let us see what the effect of hydronapthol will be by removing the cause.

A solution of hydronapthol, gr. 1 to ʒ i, is injected into the arm, passing through the right side of the heart through the pulmonary arteries into the lungs it comes in contact with the bacilli and destroys them.

(In the test that I gave it under the microscope, before using hydronapthol, the bacilli had a clear, well-defined outline. After the first week of treatment they looked as though they were undergoing disintegration.)

And we commence to see the following effects:

The face, which was before sunken, assumes a brighter look, the cough lessens, the appetite returns, and in some cases is ravenous; the hectic fever gradually disappears.

Nature now commences work to repair the damage, first throwing off the mucus plugs which had filled up the air-cells, absorbing the tubercles that were not fully organized, and those that are organized she encapsulates so that they are harmless.

This is the process that gives clear respiration where before there had been consolidation.

In giving the hydronapthol solution I give min. xxx twice a day in severe cases, and as the patient recovers I reduce the number of injections, treating other symptoms on general principles, but relying on hydranapthol.

Apocynum.

After some personal experience with the use of apocynum cannabinum in a mitral heart lesion with dilatation, Dr. Glinski summarizes its action as follows:

1. The action of the root of apocynum cannabinum is similar to that of digitalis, without being cumulative.

2. In cases of dilatation the fluid extract rapidly diminishes the area of dullness.

3. It increases the daily amount of urine, stops the palpitation, and promotes the absorption of transudations.

4. With the exception of increased pulsation of the arteries of the head, it has no bad secondary effects. It was used either in the form of a decoction (ʒj to ʒ viij), 3 to 4 tablespoonfuls a day, or tincture, (1 in 10), 5 to 10 m., three to four times daily, or fluid extract in doses of 10 m. to half a teaspoonful three times daily.

DR. W. F. TROUGHTON, of Seneca, who took charge of the smallpox hospital at Atchison during the epidemic there, has published his report in pamphlet form. The doctor is strongly opposed to vaccination as a preventive of smallpox, claiming that it often inoculates the system with anthrax, which is worse than the smallpox. The doctor evidently did not find very smooth sailing with the Atchison physicians.

THE Topeka Academy of Medicine and Surgery will meet in their hall at 723 Kansas avenue Monday evening, August 13. Dr. Powell will read a paper on "The Relation of the Physician to the Woman During Gestation and Parturition."

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Topeka, Kansas, Saturday, Aug. 11, 1894.

The Women Are In It.

Ovarine is the panacea for congestion of the ovaries, oophoritis, imperfect development and neuralgia of the ovaries, amenorrhœa caused by ovarian derangement, chlorosis, hysteria, neurasthenia, sexual frigidity, sterility, irratability, and morbid appetite.

Dr. Houston, of Stanberry, Mo., writes: "A highly intelligent lady, age 26, affected with sterility due, according to my opinion, to defective nutrition of the ovaries, had not menstruated for five months. I put her on ovarine, five minims, once a day. Menses established free, normal as to quantity and quality, in three weeks. I shall continue the ovarine until the patient becomes pregnant, and shall then make further report."

Its use will necessarily be restricted owing to its liability to produce pregnancy. This is unfortunate, but in case the men should all die off the earth could be re-peopled by the women alone by the use of ovarine. Two dollars and fifty cents will get two drachms or 120 minims of the truck, or about two cents a drop. One drop intelligently applied will generate, and by a little "figgerin" any ordinary doctor can tell how much he will need. Wars may devastate, but ovarine will multiplicate; and hence we say let the merry work go on. We are in constant dread of the equal suffragists getting hold of this agent, for if they should we men folks will be, poetically speaking, "snowed under."

The sexual rigidity spoken of we presume alludes to priapism and vaginismus stridulus, and in treating venereal troubles will be hailed with delight by the venerealist. We feel sure that ovarine and Brown-Sequard's elixir put in an incubator of the proper kind, in due course of time would replenish the earth quickly and the price of milk and baby food would be in great demand.

The warming, softening, soothing effect of this elixir vital will cast a halo of light around the pater familias of the childless home that will eclipse the scene in the garden when the stars sang their first song.

Case Records.

At some period of our professional lives we all realize the importance and value of an accurate and systematic record of the cases that have come under our observation. The individual case record, however, is only a suggestion of the possibilities of such records could they be carried through from one generation to another. The practitioner who knows in detail the history of the father and grandfather can more readily appreciate the ailments of the son. Could we have spread out before us a record of all the ailments that have afflicted the ancestors of our patients many of the obscure diseases we are called upon to treat would be made plain.

The family physician is often aware of existing conditions of which the nearest relatives are ignorant. This knowledge, however, unless recorded, perishes with him.

It seems that some plan might be devised whereby such records might be kept for future reference. It would add a most valuable feature to the resources of the physician, and would insure him that confidence of his patrons which is usually only acquired after a long experience. Many old practitioners hold their business through the fact that they are fully acquainted with the family history.

Case records as they are ordinarily kept contain little of the history of the patient outside of the affliction of the present. It seems to us that in this respect we are exceedingly negligent. The successful physician must be a careful student of human nature, and must fully understand the tendencies of his patient in order to foresee the influence of certain surroundings. People credit physicians with more than ordinary knowledge and because of their acquaintance with the anatomical and physiological structure of the body they are often believed to have some supernatural gift which enables them to understand their difficulties without any assistance from the patient. We have no desire to encourage such ideas, but since it exists it may be well to use all the means in our power to obtain the necessary information and preserve the facts in the case for future use.

Fees.

It is no doubt well understood that no medical society in the State of Kansas has a right to adopt a fee bill. We recently published an extract from the statutes bearing upon this point. It really does not seem necessary that such action be taken by any society.

No amount of ruling can regulate the ability of a physician's clients to pay, and no matter what the fee charged it is only possible to collect what he is able to pay. There should always be a maximum and a minimum fee for any and all services, the minimum of course is nothing, but the maximum fee must rather depend upon the reputation and ability of the physician than the financial status of the patient.

Whatever the basis, there should be an established maximum fee. The gravity of the case, the risk of the attendant and the degree of responsibility assumed must of course have considerable weight, but the maximum should be placed high enough to cover all such considerations.

The rich should not be robbed because they are rich, nor should those who are in moderate circumstances be excused from a fee because they cannot pay the maximum.

The Kansas Medical College.

The officers and faculty of the Kansas Medical College are under obligation to the Secretary of the College, Dr. W. E. McVey, for the excellent catalogue he has just issued. The doctor designed and published the announcement in the office of THE KANSAS MEDICAL JOURNAL. We think there is not a cleaner, neater, better designed catalogue on our table. The college building is being renovated from top to bottom, and there will not be a more conveniently arranged suitable building for a medical school in the West when completed. The prospect for a large class is reassuring, from one to four inquiries about the school from medical students being received daily. The school is under obligations to the physicians of the State and adjoining States and Territories for their patronage. The profession realizes that the college is doing good work, as proven by the success of its graduates already in the field. It is not in a name but by "their words ye shall know them.

J. E. M.

THE annual meeting of the Medical Society of the Missouri Valley will be held in Council Bluffs, Iowa, Thursday, September 20.

Fake Mediums Denounced.

Globe-Democrat.

LILY DALE, N. Y., August 7.—Dr. Carter, who is probably known to every Spiritualist in the country from Maine to California, has made a commotion here in the Summer headquarters of Spiritualism in the United States by making an attack on the mediums who pose as healers of the sick without having what the venerable doctor believes to be the genuine aid of the spirit world. The doctor, who is 80 years old, asserts that for the past half century he has been under the influence of a certain Dr. Hedges, who passed from Chautauqua county into the realm of spirits many years ago. Dr. Carter, in a public address recently, said that he was very tired of hearing the appeals of fake mediums for protection.

"Protection from what?" asked the doctor indignantly. "Is it not from the results of your own avarice and trickery that you ask protection?"

Then the doctor told a story of an incident that happened under his own observation here in Lily Dale only a few days ago. A man with a painful limp entered one of the gates of the camp and was promptly tackled by a medium who claims to have healing powers.

"I regret, sir, to see that you are lame, said the medium. "I have spirit powers which may enable me to be of assistance to you. In fact I think I could cure you if you will come to my office."

The lame man went along cheerfully enough, and the healer diagnosed his ailment elaborately, and then gave his patient a prescription, saying that in less than a week the patient would be able to walk like a boy, without the sign of a limp.

"But before you go," said the healer, let me examine that leg."

The patient solemnly rolled up the bottoms of his trousers and the medium looked frightened. It was a cork leg that he had promised to cure.

"It is just such fellows as this medium," exclaimed Dr. Carter, "who are all the time crying for protection. I believe it is high time for the Spiritualists at Lily Dale to put an end to their pretensions."

Since making these remarks Dr. Carter has received a number of anonymous threats, but he says he will continue his warfare on fakes.

Vomiting of Pregnancy.

Archives of Gynecology.

Dr. E. P. Davis reports several cases of death due to vomiting of pregnancy.

In summarizing these cases their significance to his mind lies in the fatal condition of anæmia which was present. The literature of pernicious anæmia in pregnant and puerperal patients affords abundant illustrations of serious impairment of the blood, sometimes accompanied by ulcer of the stomach (Leube and Fleisch, Virchow's *Archiv*, lxxxiii, 1124). Atrophy of the gastric mucous membrane, often associated with hypertrophied polypoid villi, is not infrequently seen in pernicious anæmia, in cases in which pain and coffee-ground vomit are familiar symptoms. The condition of the heart may be partially responsible for the substernal pain in these cases, while changes in the marrow of the bones of the thorax are thought by some to produce it (myelogenic leukæmia). It is also a recognized fact that, in anæmia, pain may be reflected to the central ganglia of the trunk, so that the substernal distress of which these patients complain may be properly considered as a reflex from a uterus in a pathological condition.

In conclusion, he desires to advance the following propositions, of which the cases reported are illustrations: Nausea and vomiting of pregnancy are dangerous in proportion as they produce pernicious anæmia. Such a condition of danger is to be recognized by studying these cases in the light thrown upon them by the pathology of anæmia. While it is possible that sudden and radical improvement may occur in cases

in which a functional neurosis is the predominant factor, only when pernicious anæmia is once established is delay dangerous, no matter at what period of pregnancy the patient is seen. While it is true that raising and sustaining an impacted uterus will relieve many milder examples of this affection, cases in which danger threatens should be met by prompt dilatation and emptying of the pregnant uterus, which are to be effected by modern surgical methods.

Chloroform Administration.

The Southern Practitioner.

In a recent lecture on this subject Surgeon-Lieutenant-Colonel Lowrie says:

Our creed about chloroform is a very simple one. The anæsthetic is administered by inhalation, and during inhalation there are two things to avoid: 1. The inhalation or intake of an overdose; and, 2, Interference with the breathing. In order to avoid these evils we were taught by Syme, as a matter of common sense, to take the respiration as our guide. In the second place, Syme, following Simpson, quickly discovered that chloroform does not cause failure of the heart prior to failure of the respiration; he therefore taught us that we were not to be guided by the circulation, but entirely by the respiration. His words were: "You never see anybody here with the finger on the pulse when chloroform is given." Syme's third principle was never to push the chloroform beyond the point when anæsthesia is complete; the signs of complete anæsthesia being stertorous breathing or abolition of the corneal reflex. Having always acted on Syme's principles, we can point to a continuous series of cases of chloroform administration, extending from the year 1847 until the present day, over sixty thousand cases, without a death. In this respect I am by no means singular. Hundreds of Syme's pupils, and in a smaller way hundreds of my own pupils, can tell a similar tale. You may say that this merely shows the possibility of giving chloroform in a large number of cases without a fatality. We say that it proves the value and correctness of Syme's principles of chloroform administration, and that it shows clinically—by which I mean up to the limit of anæsthesia—that chloroform has no direct injurious action on the heart. It is one thing, however, to believe *oneself* that safety under chloroform can be insured by attending properly to the *respiration* alone, but it is quite another thing to make other people believe it. The difficulty lies in the fact that a large number of our profession are firmly and honestly convinced, on apparently good grounds, that chloroform does directly injuriously affect the heart. Accordingly, in 1889, we were called upon to demonstrate the action of chloroform by laboratory experiments, and to decide whether it has or not a direct action on the heart, in order to set at rest once for all the question whether it is right or wrong to take the pulse for a guide as to its effects. This led, through the liberality and public spirit of the Nizam's Government, to the appointment of the Hyderabad Commission on Chloroform. I offer you no apology for dwelling briefly upon the work of this Commission, on which I occupied a position whih enables me to speak of it without egotism, on the one hand, or reserve on the other. I agreed in 1889, and I understood at the time that the rest of the profession agreed to stand or fall as regards the action of chloroform on the heart, by the results of the Commission's experiments. The only reservation I made was that nothing the Commission could discover would persuade me that I could not give chloroform safely.

At these experiments I was for the most part a spectator. They were performed by Dr. Lauder Brunton and Surgeon-Major Bomford. Dr. Brunton directed the experimental procedures with the self-recording apparatus, which consisted of the ordinary mercurial and glycerine manometers. Surgeon-Major Bomford recorded on the drum every fact, no matter how trivial, as it took place during the time the experiment lasted, and it is this record which gives the experiments their principal and permanent value. Briefly, the experiments of the Hyderabad

Commission show, (a) that the fall of blood pressure under chloroform, which had, chiefly on the authority of the Glasgow Committee, been up to that time relied upon as the physiological proof par excellence of the danger to the heart, is in itself harmless and cannot, therefore, be due to cardiac failure; and (b) that chloroform anæsthesia alone is absolutely free from risk. It appears probable, indeed, almost certain, from the experiments of the Hyderabad Commission, that the direct fall of blood-pressure under the chloroform was altogether vaso-motor, but it could not for various reasons be definitely settled in 1889. This was not enough to satisfy the profession, and we had still to show what the direct fall of blood pressure under chloroform is actually due to, and that the anæsthetic does not ever under any circumstances act upon the heart directly. The proof was completed by Drs. Gaskell and Shore's cross-circulation experiments, which was carried out in Hyderabad in 1892. These experiments proved finally —and you can see the proof for yourselves in the tracings—that when chloroform is sent to the heart alone it produces no effect whatsoever—no anæsthesia, no fall of the blood pressure, and no respiratory failure. On the other hand, when it is sent to the brain and not to the heart it produces its usual well-known effects—namely, lowering of the blood pressure with, first, anæsthesia, then stoppage of the respiration, and then death by failure and arrest of the heart's action. In short, the Hyderabad cross-circulation experiments demonstrate incontestably that the fall of blood pressure, due to the direct action of chloroform, is caused by vaso-motor narcosis and is not due to weakening of the heart.

Extract of Bone-Marrow in the Treatment of Anæmia.

The Albany Medical Annals.

The red marrow of bone being probably the chief agent in promoting the development of red blood-corpuscles, it seemed feasible to suppose that an extract of this substance, if introduced into the human organism whilst in an anæmic state, might act as a stimulant to the formative process and increase the rate of production of the red corpuscles. In adult animals—as the ox —red marrow is limited to the larger bones of the trunk, the thick parts of the skull, and the heads of the long bones; the shafts of the latter contain yellow marrow, which is chiefly composed of fat. In the young animals—as the calf—red marrow is more abundant and may be found in the shafts of the long bones as well as in the parts just named. As the tissue-forming power in the young animals is more active than in older animals, the bones of the former are preferable as a source of marrow extract. To prepare the extract the heads of the long bones, obtained from recently killed animals, with other portions of bone which contain red marrow, are broken into small pieces and digested in glycerine with frequent agitation. When the extraction is complete—several days being required—the extract is filtered off and is ready for use. It is red or reddish-brown in color, and is devoid of any unpleasant odor. It may be given in teaspoonful doses once or twice a day, either out of the spoon or spread between thin pieces of bread. The first case in which I tried the extract was that of a little boy, the subject of hæmophilia. This child had repeatedly been in the hospital under the care of one or other of my colleagues or of myself for attacks of hemorrhage. On each occasion the bleeding ceased; but the patient never lost the pallor of pronounced anæmia, although he was treated with iron, arsenic, codliver oil, and all kinds of appropriate nourishment. The last time he was admitted the red corpuscles were counted after the hemorrhagic symptoms had subsided, and were found to be 3,800,000 per cubic millimeter. The patient was then (Sept. 13, 1893) put on marrow extract without any other treatment, and after an interval of three weeks the corpuscles were again counted; they now numbered 4,190,000, and one month later they reached 4,400,000. Coincidentally with this increase there was a marvelous improvement of the appearance

of the child; his face acquired an amount of healthy color never previously observed during his many visits to the hospital. In a second case, that of a young woman of 20 years of age, with long-standing anæmia, the corpuscles numbered 3,700,000 per cubic millimeter; after taking the marrow extract for three weeks they increased to 4,000,000. She then left the hospital. In another anæmic girl the increase in nine weeks was from 1,350,000 to 3,680,000. A man was admitted for profuse hæmatemesis; after the bleeding ceased, the red corpuscles were found to be reduced to 1,070,000 per cubic millimeter. He was put on the marrow extract without other treatment, and when counted on the fifteenth day, the corpuscles numbered 3,050,000. I am indebted to our house surgeons, Messrs. Newby and Brown, for these observations. I am encouraged by these and many other favorable results to direct the attention of the profession to marrow extract as an agent capable of affording, to all appearances, valuable aid in the treatment of anæmia, and also of oligæmia, due to loss of blood from causes such as placenta prævia, hæmorrhoids and wounds.

Cured Cases of Atrophic Rhinitis.

American Medico-Surgical Journal.

The author gives the clinical history of a case and then passes on to discuss current teaching upon this nasal disorder, and gives his views as to pathology and treatment. He believes that atrophic rhinitis is the result of a chronic inflammation, originally purulent, of the nasal mucous membrane, the result of untreated purulent rhinitis of children. This latter affection is something more than a mere catarrh, the result of congestion changes in the mucous membrane. It is, in many respects, comparable to purulent conjunctivitis. Neglect this latter affection and it will do for the mucous tissue of the eye-lid what purulent rhinitis does for that of the nose.

As to what is really a cure in atrophic rhinitis, Dunn says that he does not mean that the nose recovers the power of performing all of its duties as well as a normal nose. In long cases, the filaments of the olfactory nerve lose permanently their functional power; the erectile tissues are also permanently crippled, and the widening of the nares has its deleterious influence upon the air passing backward to the nasopharynx, but he insists that it is fair to regard as "cured" all cases from which evidences of active inflammation have disappeared.

As to treatment, Dunn has nothing especially new to suggest. His ideas are sound in that he insists upon cleanliness of the nasal passages as the foundation of any hopeful course of procedure. To insure this he prefers cotton-wrapped probes, and makes them out of ordinary steel knitting needles. The sharp ends are cut off so as to make them blunt, and these blunt ends roughened by being held in a gas flame.

The cotton is moistened with tepid salt water. When the membrane is cleaned and dried, a silver nitrate solution (10 to 40 grn. to the ounce) is applied as thoroughly as possible to the entire diseased area. Immediately after, another application of the salt solution (half a teaspoonful to a glass of tepid water) is made so as to neutralize any excess of silver. With the probe and cotton the whole of the diseased area should next be washed with a 1-1200 bichloride solution, rubbing well the spots where the scabs were thickest. The office treatment is concluded by spraying with a liquid albolene solution, the menthol-camphor combination being the one preferred by the author.

For home treatment the patient uses the salt solution in an atomizer, and then applies the following salve: Anise oil m.xx, beechwood creasote m.xx, vaselin ℥ 1. A small mass of the unguent is placed in one nostril while the patient, with the other nostril closed, takes a deep breath.

SELF-INOCULATION of warts is possible, and it has been clearly demonstrated that they may be inoculated from one person to another.

Massage in Gynecology.

From Proceedings of American Medical Association in Medical Record.

Dr. Oscar J. Mayer, of San Francisco, read a paper upon "Massage in Gynecology." He said the object of uterine massage is to bring about a healthier state of the circulation and to impart tone to the various structures of the genital tract. It is indicated in all disorders of chronic inflammation, as well as in such diseases as cause uterine displacements, produced by relaxation of the ligaments or by pelvic exudation, with or without adhesion. It is very important to form a correct diagnosis of the disease and to exclude all pyogenic disorders. The speaker then went into a description of the various methods employed and the indication for the employment of particular methods. The indications for massage in gynecology are the same as those for massage in surgery. He said, By massage treatment we wish to produce: 1. Acceleration of the absorption and retrogression of inflammatory and traumatic exudation and deposits. 2. Stretching, loosening, disintegrating, cicatricial, or hypertrophied connective tissues, caused by inflammatory processes. 3. Stimulation of the circulation and restoration of the normal elasticity and tone in (*a*) contracted, hardened, and hypertrophic tissues, or (*b*) relaxed tissues.

The spere of usefulness may be tabulated as follows: 1. Pelvic exudations and hemorrhagic infiltrations. 2. Chronic parametritis. 3. Retroversio uteri. 4. Chronic metritis. 5. Prolapsus of the uterus and vagina.

Massage is contra-indicated in all diseases of the genital tract requiring perfect rest of the whole body or of the genital tract alone.

The best and quickest cures from massage are observed in chronic diseases following the puerperal state. A longer time is required in diseases following acute inflammatory processes, also when coincident with anomalies of position of the pelvic organs, especially in retro derivations of the uterus. Even if we do not succeed in some cases in restoring the uterus to its exact normal position we can obtain a symptomatic cure without recourse to surgical procedure. The combination of massage with electricity is to be recommended in the relaxations of the supports of the uterus, provided the structures are intact.

By exercising proper circumspection we can often achieve more by alternating massage treatment with other treatments than by long-continued massage.

In conclusion, Dr. Mayer said that massage does not set up for itself the claim that it constitutes an independent and sufficient form of treatment. It is only a mechanical therapeutic agent, intended to be used in combination with other tried and accepted remedies in effecting a permanent cure, or in considerably lessening the time formerly required therefor. American gynecologists have been somewhat slow in accepting massage as a new remedial agent to be employed in diseases of women, and have been suspicious of the beneficial results that have been claimed for it. But the encouraging reports of European authorities, many of them erstwhile bitter opponents of massage, are favorable beyond the expectations of the most sanguine, and must work a change in this American sentiment.

"An Elixir of Life."

The Times and Register.

For a few years past Professor Vaughan has been engaged in some very important experiments in the State Laboratory of Hygiene at the University. These experiments relate to subjects of very great importance to the public welfare. One purpose is to accomplish the end which, at one time, it was thought, had been reached by Dr. Koch, namely, the preparation of a substance which can be introduced into the body and which shall antagonize germs of disease such as those of consumption. Professor Vaughan is now able to prepare a substance which there is reason to believe may be similar to the one normally used by the human body in battling with the germs of disease. His

experiments are not yet conclusive as to the usefulness of this substance for the cure of disease, but they tend to prove that by its use immunity to the contraction of germ diseases is enhanced. The substance consists of the nuclei of cells, and, since it is probable that the spleen is the organ in the body which takes the most active part in battling with the germs of disease, he has given special attention to the preparation of "nuclein" made from the cells of the spleen.

Professor Vaughan has presented this subject before the medical societies in this country, and he now goes to the International Congress of Hygiene which meets in September this year in Budapesth, Hungary, where he expects to meet the scientists engaged in this and other lines of scientific work, who will be there from every civilized country. From the discussions which will there take place he expects to gain much knowledge which will enable him to continue and extend his exceedingly important work. He goes as a delegate from the Michigan State Board of Health, and the Board expects Professor Vaughan to contribute, for the welfare of humanity, fully as much information as he will receive. This is not Professor Vaughan's first trip across the ocean. His first one was some years ago for the purpose of studying bacteriology in the laboratory of Professor Koch. Three years ago he attended the International Congress of Hygiene which then met in London, England. His present trip is regarded as of much greater importance in connection with public health-work.

American Public Health Association.

The Maritime Medical News.

The American Public Health Association will hold its twenty-second meeting in Montreal from the 25th to the 28th of September next. The Association was organized in 1872 for the purpose of inaugurating measures for the restriction and prevention of contagious and infectious diseases, and for the diffusion of sanitary knowledge among the people. The growth of the Association and the work it has accomplished more than justify its existence. Its membership has been augmented from year to year until it now constitutes the largest and strongest sanitary body in the world, and embraces in territorial extent the United States, the Dominion of Canada, and the Republic of Mexico. Under the impetus given by its work, state and local boards of health and sanitary associations have been organized, sanitary publications increased, and hygienic knowledge widely and extensively diffused.

Among its members may be found physicians, lawyers, ministers, civil and sanitary engineers, health officers, teachers, plumbers, merchants, etc., in fact every profession and many of the industries are represented in its list of members. The only qualifications required for membership are a good moral character, an interest in hygiene and the endorsement of two members of the Association. The membership fee is five dollars, which hardly covers the cost of the copy of the proceedings of the Convention to which every member is entitled.

The local Committee of Arrangements is at work to insure a large and profitable meeting, and it is to be hoped that the number of Canadians who will join the Association for this Canadian meeting will compare favorably with what has been done elsewhere.

The railways have reduced their rates to one fare and one-third, provided certificates of attendance be produced when leaving Montreal on the return trip. Special blanks for this purpose will be furnished on demand.

An excursion to Grosse Isle Quarantine Station (over 200 miles from Montreal) has been arranged by the local Committee, leaving by boat on the afternoon of the 28th to return early on the 30th, and will be most attractive both from a sanitary and scenic point of view, the Quarantine Station being well equipped and the route to Grosse Isle being through the most interesting part of the Province of Quebec.

For application blanks or further information, address Dr. Irving A. Watson, Concord, N. H., or Dr. E. Pelletier, Montreal.